Connecticut State Medical Society Testimony in Support of
House Bill 5542 An Act Concerning the Use of Telemedicine to Promote Efficiency in the Delivery of Health Care Services
Presented to the Public Health Committee
February, 29, 2008

Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Matthew Katz and I am the Executive Director of the Connecticut State Medical Society (CSMS). On behalf of our more than 7,000 members, thank you for the opportunity to present this testimony before you today on House Bill 5542 An Act Concerning the Use of Telemedicine to Promote Efficiency in the Delivery of Health Care Services. If appropriately implemented, this legislation can provide access to health care services to a large portion of the population who for various reasons are unable to obtain services in traditional settings.

We applaud the drafting of the comprehensive and well thought out legislation before you today. However, we ask that before proceeding with this legislation some additional clarification be made in several key areas including which medical services are to be included in this approach to care and who is providing the medical care. We also welcome the opportunity to work with the Chairmen and Committee members to identify specific chronic conditions that may benefit from the use of telemedicine and how best to construct a process that includes telemedicine technology.

For the chronic conditions identified in this bill, the majority of the care is to be provided or coordinated by a physician who specializes in the treatment of the particular chronic condition. Given that the treating physician will not be physically present during the delivery of services, it is imperative that protocols be developed by the treating physician and that the treating physician is directly involved in the delivery of telemedicine.

In addition, the following issues must be addressed:

- The term "coverage" in the context of this bill needs to be described ensure payment for the services identified. All too often covered services are not reimbursed and no payment is made or if paid it is the patients' responsibility. To successfully implement a program of telemedicine reimbursement must be made for these services. Ultimately, telemedicine should provide long term cost savings for the patient, the health plan and the physician in the provision of care. However, initial costs and training associated with telemedicine need to be considered, as do the costs associated with start up and maintenance. Therefore, proper reimbursement is critical in order for telemedicine to be successfully implemented.

- Proper education to the patient in evaluation and treatment must be provided to patients prior to and continuously during treatment. The care site where the patient is receiving the telemedicine must be appropriate and in many cases offer care and assistance, as well as further medical evaluation if necessary.

- A mechanism to evaluate the effectiveness of the telemedicine demonstration and approach must be included in the legislation. This mechanism or study should also look at the impact on the respective care sites where telemedicine has been installed and the impact on medical practice. Any evaluation of the effectiveness of telemedicine needs to include a review of patient compliance with adherence to remote physician recommended treatment protocols.

- Discussion regarding liabilities that may or may not exist for the treating physician and the respective care sites that implement telemedicine technology should be undertaken at the onset to encourage participation and increase comfort levels for demonstration participants.

In conclusion, while we offer these comments to foster discussion and collaboration in developing the most appropriate telemedicine project, we offer our assistance and the interest of our members to accomplish this goal. We once again thank you for the opportunity to comment before you today and look forward to continued efforts on the issue with this committee.